COMBINED DECLARATION AND POWER OF ATTORNEY PLEASE NOTE: YOU MUST COMPLETE THE

FOLLOWING:

ATTORNEY DOCKET NO.

FOR PATENT AND DESIGN APPLICATIONS

0397-0430P

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor

(Tisles	is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
nsert Title:	"SAMPLE SUCTION	APPARATUS"						
Fill in Appropriate	the specification of which is a	trached hereto. If not a	ttached hereto					
nformation -	•			as				
For Use Without 🛮 📺 Specification Attached:			;					
Macheu.	the specification	was filed on		as PCT				
			(if ap					
	I acknowledge the duty to Code of Federal Regulations, I do not know and do not my or our invention thereof, o	ded by any amendment o disclose information v §1.56. believe the same was eve or patented or described	which is material to patentabiliter known or used in the United in any printed publication in a	y as defined in Title 37, States of America before ny country before my or				
	our invention thereof or more	than one year prior to	this application, that the same	was not in public use or				
ųĪ	on sale in the United States of America more than one year prior to this application, that the invention has n been patented or made the subject of an inventor's certificate issued before the date of this application in a country foreign to the United States of America on an application filed by me or my legal representatives							
			ns) prior to this application, an					
			een filed in any country foreign					
ini.			presentatives or assigns, excep					
*\d	I hereby claim foreign pr	iority benefits under Ti	tle 35, United States Code, §11	9 (a)-(d) of any foreign				
			ted below and have also ident					
8 8	• •	ntor's certificate having	g a filing date before that of th	ne application on which				
Insert Priority	priority is claimed:							
information: 📰	Prior Foreign Application 2000-205358	(s)	07/05/0000	Priority Claimed				
(if appropriate)			07/06/2000					
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No				
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	(trainocr)	(000)	. (,,,,	Yes No				
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No				
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No				
	(Number)	(Country)	(Month/Day/Year Filed)					
		, , , , ,	•					
Insert Provisional Application(s):	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.							
(if any)	(Application Number)		(Filing Dat	ς)				
	(Application Number) (Filing Date)							
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months (6							
Insert Requested	Months for Designs) Prior To The Filing Date of This Application: Country Application No. Date of Filing (Month/Day/Year)							
Information: (if appropriate)	F.							
	I hereby claim the benefi	t under Title 35, United	d States Code, §120 of any Unit	ed States application(s)				
	listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the							
	prior United States application in the manner provided by the first paragraph of Title 35, United States Code,							
	§112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37,							
	Code of Federal Regulations, §1.56 which became available between the filing date of the prior application							
Insert Prior U.S.	and the national or PCT inter	national filing date of the	nis application:					
Application(s):	·	aaman . As	<u> </u>	d ()				
(if any)	(Application Number)	(Filing Date) (Status - patente	d, pending, abandoned)				

(Filing Date)

(Status - patented, pending, abandoned)

(Application Number)

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Terrell C. Birch	(Reg. No. 19,382)	Raymond C. Stewart	(Reg. No. 21,066)
Joseph A. Kolasch	(Reg. No. 22,463)	James M. Slattery	(Reg. No. 28,380)
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Leonard R. Svensson	(Reg. No. 30,330)	Terry L. Clark	(Reg. No. 32,644)
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Joe McKinney Muncy	(Reg. No. 32,334)	Andrew F. Reish	(Reg. No. 33,443)
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Send Correspondence to:

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P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

24							
Full Name of First or Sole	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE		
Insert Date This	Masayasu	SENTOH	Masayasu Lente	L	June 13, 2001		
Document is Signed	Residence (City, State	e & Country)		CITIZENSHIP			
Insert Citizenship	Kobe-shi, Hyogo, JAPAN			JAPANESE			
Insert Post Office	POST OFFICE ADDRESS (Complete Street Address including City, State & Country) #306, 3-74, Yokoo 7-chome, Suma-ku, Kobe-shi, Hyogo 654-0131 JAPAN						
Full Name of Second	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, State	e & Country)		CITIZENSHIP			
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Third Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, State & Country) CITIZENSHIP						
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fourth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE.		
see above	Residence (City, State	e & Country)		CITIZENSHIP			
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fifth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE		
see above	Residence (City, State & Country)		CITIZENSHIP				
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						

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DATE OF SIGNATURE